## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if X 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayaya
Full Name of Payee FLIC Votes, Inc	Date of Public Distribution/Dissemination
,	M = M / D = D / Y = Y = Y
Mailing Address 2800 Biscayne Blvd Ste 800	Amount
City State Zip Code	8210.98
Miami FL 33137	Transaction ID: 24-01-00262-0001 Date of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos  Category/ Type	10 30 / 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Trump, Donald, J., ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Aguilera, Joel, A, , [MEMO ITEM]	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20942 SW 122nd PL	Amount
City State Zip Code	160.00
Miami FL 33177	Transaction ID: 24-01-00262-01401 Date of Disbursement or Obligation
Purpose of Expenditure Organizer  Category/ Type	10 30 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Trump, Donald, J., ,	President Senate State:00
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: Primary   General  Other (specify)    Other (specify)   Other (specif
(a) SUBTOTAL of Itemized Independent Expenditures	8210.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
	0 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	